



SCANNED / QC

P.O. Box 50636
Knoxville, TN 37950
Phone: (865) 588-5422
Fax: (865) 588-6857



September 1, 2008

Mr. Allen Ingram II
KPDES Branch, Division of Water
Frankfort Office Park
14 Reilly Road
Frankfort, KY 40601

RE: Pilot Travel Centers LLC #440
Renewal of KYPDES Permit # KY0034011

CERTIFIED MAIL # 7006 3450 0000 6560 0400

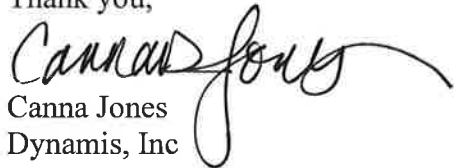
Dear Mr. Ingram,

Please receive the following renewal application for the reissuance of Permit number KY 0034001 for the listed facility. This application has been resubmitted following a letter from you dated May 7, 2008, requesting information of effluent characteristics. A list of included documents is listed below, and a check for the application fee is also enclosed.

Form 1
Form F
Form SC
Topographic Map
Flow Schematic
Site Plan

Please feel free to contact me with any questions at 865-588-5422.

Thank you,

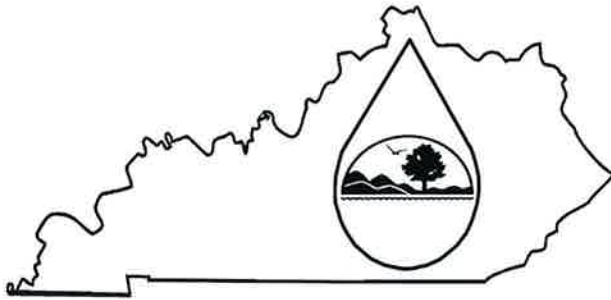

Canna Jones
Dynamis, Inc

Enclosures

cc: Joey Cupp, Pilot Travel Centers

KPDES FORM 1

1855



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

9-15-08

PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Short Form C

For additional information contact:

KPDES Branch (502) 564-3410

\$200.00 ck.

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE	0	0	3	4	0	1	1
A. Name of business, municipality, company, etc. requesting permit Pilot Travel Centers, LLC No. 440									
B. Facility Name and Location					C. Facility Owner/Mailing Address				
Facility Location Name:					Owner Name:				
Pilot Travel Center No. 440					Pilot Travel Centers, LLC				
Facility Location Address (i.e. street, road, etc.):					Mailing Street:				
205 Pendelton Rd.					5508 Lonas Rd				
Facility Location City, State, Zip Code:					Mailing City, State, Zip Code:				
Pendelton, KY 40055					Knoxville, TN 37909				
					Telephone Number: 865-588-7488				

II. FACILITY DESCRIPTION		
A. Provide a brief description of activities, products, etc: Retail facility for sales of gasoline and diesel fuel, hosting a convenience market, fast food restaurant and other amenities.		
B. Standard Industrial Classification (SIC) Code and Description		
Principal SIC Code & Description:	5541 Diesel/ gasoline fueling station	
Other SIC Codes:	5812 eatery	

III. FACILITY LOCATION	
A. Attach a U.S. Geological Survey 7 ½ minute quadrangle map for the site. (See instructions)	
B. County where facility is located: Henry	City where facility is located (if applicable):
C. Body of water receiving discharge: unnamed tributary to Harrod's Creek	
D. Facility Site Latitude (degrees, minutes, seconds): 38° 27' 30"	Facility Site Longitude (degrees, minutes, seconds): -85° 17' 56"
E. Method used to obtain latitude & longitude (see instructions): map interpolation	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):	

IV. OWNER/OPERATOR INFORMATION**A. Type of Ownership:**

☐ Publicly Owned ☒ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:

Perfect-A Waste Sewage Equipment Co.

Telephone Number:

513-851-8886

Operator Mailing Address (Street):

11264 Sebring Drive

Operator Mailing Address (City, State, Zip Code):

Cincinnati, OH 45240

Is the operator also the owner?

Yes ☐ No ☒

Is the operator certified? If yes, list certification class and number below.

Yes ☒ No ☐

Certification Class:

2

Certification Number:

5023

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:

KY0034011

Issue Date of Current Permit:

5/24/2002

Expiration Date of Current Permit:

9/30/2007

Number of Times Permit Reissued:

Date of Original Permit Issuance:

12/19/1975

Sludge Disposal Permit Number:

n/a

Kentucky DOW Operational Permit #:

n/a

Kentucky DSMRE Permit Number(s):

n/a

C. Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	n/a	
Solid or Special Waste	n/a	
Hazardous Waste - Registration or Permit	n/a	

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water.

A. Name of department, office or official submitting DMRs:		Joey Cupp, Environmental Manager
B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)		
DMR Mailing Name:	Joey Cupp	
DMR Mailing Street:	P.O. Box 10146	
DMR Mailing City, State, Zip Code:	Knoxville, TN 37939	
DMR Official Telephone Number:	865-588-7488	

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:

Small Non-POTW

Filing Fee Enclosed:

\$ 200.00

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

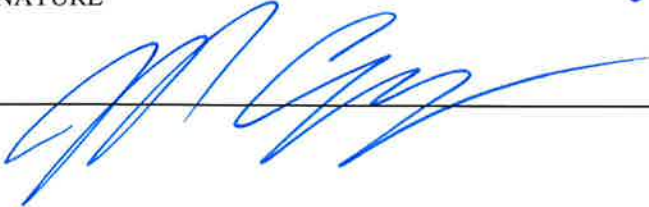
NAME AND OFFICIAL TITLE (type or print):

Joey Cupp - Environmental Manager

TELEPHONE NUMBER (area code and number):

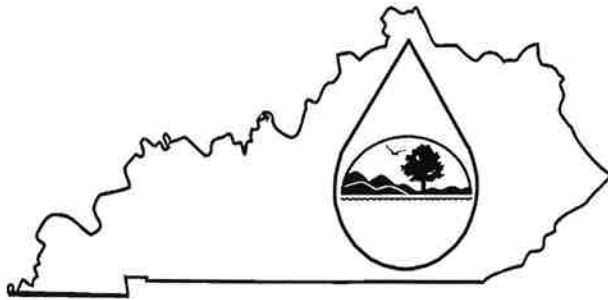
865-474-2826

SIGNATURE



DATE:

9-5-08



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY:												
I. FACILITY DISCHARGE FREQUENCY					AGENCY USE	0	0	3	4	0	1	1
A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.)												
B. How many days per week?					Variable, function of inflow							
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): This sewage treatment plant is designed to capacitate 14,000 gallons per day, with an average flow rate of 9,150 gallons per day.												
B. If new discharger, indicate anticipated discharge date:					n/a							
C. Indicate the design capacity of the treatment system:					0.014 MGD							

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	38	27	15	-85	17	58	Unnamed tributary of Harrod's Creek
002	38	27	15	-85	17	58	Unnamed tributary of Harrod's Creek
Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)				Map coordinates			

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)

If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
001	Sanitary wastewater from restaurant and convenience market	14,000 gal/ day	Grinding, aeration, sedimentation, disinfection	1- L 1- U
002	Stormwater runoff and truck rinse water from fueling areas	100 gal/ min	Oil/ water separator and Retention pond	1- M 1- U 4- A

V. Check the type(s) of wastewater discharged.

- ☒ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste
☐ Noncontact cooling water
 ☐ Other (list):

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☒ Yes ☐ No**VII. Discharge to other than surface waters. Check appropriate location: n/a**

- ☐ Publicly-owned lake or impoundment Name of lake:
☐ Publicly-owned treatment works (POTW). Name of POTW:
☐ Land application of Effluent
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/>	Antimony	
<input type="checkbox"/>	Arsenic	
<input type="checkbox"/>	Beryllium	
<input type="checkbox"/>	Cadmium	
<input type="checkbox"/>	Chromium	

<input type="checkbox"/>	Copper	
<input type="checkbox"/>	Lead	
<input type="checkbox"/>	Mercury	
<input type="checkbox"/>	Nickel	
<input type="checkbox"/>	Selenium	

<input type="checkbox"/>	Silver	
<input type="checkbox"/>	Thallium	
<input type="checkbox"/>	Zinc	
<input type="checkbox"/>		
<input type="checkbox"/>		

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points:	N/A	(If bypass points are indicated, information below must be completed for each bypass.)
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Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points:	N/A	(If discharge is from an overflow point, the information below must be completed.)
-------------------------------	-----	--

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points	N/A
Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

X. AREA SERVED (see instructions) N/A
--

NAME	ACTUAL POPULATION SERVED
TOTAL POPULATION SERVED	

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS N/A

Additive	Composition	Concentration (mg/l)

XII. EFFLUENT CHARACTERISTICS N/A

A. Indicate results of analysis for pollutants listed below.

POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅	16 mg/L		1
TOTAL SUSPENDED SOLIDS	56.5 mg/L		1
FECAL COLIFORM	15,000 ^v /100ml		1
TOTAL RESIDUAL CHLORINE	0.76 mg/L		1
OIL AND GREASE	<10 mg/L		1
CHEMICAL OXYGEN DEMAND	127 mg/L		1
TOTAL ORGANIC CARBON	19 mg/L		1
AMMONIA	0.860 mg/L		1
DISCHARGE FLOW	0.002 MGD		1
pH	7.9		1
TEMPERATURE (WINTER)	Na		
TEMPERATURE (SUMMER)	20° °C		1

B. Frequency and duration of flow:

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> <u>Joey Cupp - Environmental Manager</u>	<u>865-474-2826</u>
SIGNATURE	DATE
	<u>9-5-08</u>



P.O. Box 50636
Knoxville, TN 37950
Phone: (865) 588-5422
Fax: (865) 588-6857

RECEIVED

DEC 29 2008

DIVISION OF WATER

December 4, 2008

Mr. William Shane
Department for Environmental Protection
Division of Water, Surface Water Permits Branch
200 Fair Oaks Lane
Frankfort, KY 40601

RE: Pilot Travel Centers LLC #440
Renewal of KYPDES Permit # KY0034011

CERTIFIED MAIL

Dear Mr. Shane,

Please find enclosed an amended copy of KPDES Form F pages 1 and 2 for the above referenced facility. The amended forms contain the signature of the authorized signatory for Pilot Travel Centers, as requested by you in order to conclude the application process for this site.

Please continue to feel free to contact me with any questions at 865-588-5422.

Thank you,


Canna Jones
Dynamis, Inc

Enclosures

cc: Joey Cupp, Pilot Travel Centers

KPDES FORM F

AI 1855



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, Contact KPDES Branch, (502) 564-3410.

I. OUTFALL LOCATION	AGENCY USE	0	0	3	4	0	1	1
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For each outfall list the latitude and longitude of its location to the nearest 15 seconds and name the receiving water.

A. Outfall Number	B. Latitude			C. Longitude			D. Receiving Water (name)
001	38	27	15	-85	17	58	unnamed trib to Harrod's Creek
002	38	27	15	-85	17	58	unnamed trib to Harrod's Creek

II. IMPROVEMENTS

A. Are you now required by any federal, state, or local authority to meet any implementaiton schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

1. Identification of Conditions, Agreements, Etc.	2. Affected Outfalls		3. Brief Description of Project	4. Final Compliance Date	
	No.	Source of Discharge		a. req.	b. proj.
N/A					

B. You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

III. SITE DRAINAGE MAP

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfall(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each know past or present areas used for outdoor storage or disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage of disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which receive storm water discharges from the facility.

IV. NARRATIVE DESCRIPTION OF POLLUTANT SOURCES

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
002	~ 15,000 ft ²	~ 15,000 ft ²			

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas; and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

Materials stored on site include gasoline and diesel fuel. All fuel is stored in underground storage tanks, and all fill ports are equipped with containment buckets. Runoff from the diesel fueling islands is collected by a trench drain and conducted to the oil/water separator for gravity separation. All fuel dispensers are covered by canopies to prevent intruding rainwater. All runoff from the site is directed to a retention pond before discharging from the site.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table F-1
002	oil/ water separator retention pond stabilization pond discharge to surface water	1- M 1- U 3- G 4- A

V. NON-STORM WATER DISCHARGES

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of non-storm water discharges, and that all non-storm water discharges from these outfall(s) are identified in either an accompanying Form C or Form SC application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
Joey Cupp - Environmental Manager		12-18-08

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

N/A

VI. SIGNIFICANT LEAKS OR SPILLS

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

none known

VII. DISCHARGE INFORMATION

A,B,C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided. Tables F-1, F-2, and F-3 are included on separate pages.

E: Potential discharges not covered by analysis - is any toxic pollutant listed in Table F-2, F-3, or F-4, a substance which you currently use or manufacture as an intermediate or final product or by product.

☐ Yes (list all such pollutants below) ☒ No (go to Section IX)

VIII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (list all such results below) ☒ No (go to Section IX)

IX. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in item VII performed by a contract laboratory or consulting firm?

☐ Yes (list the name, address and telephone number of, and pollutants analyzed by each such laboratory or firm below; use additional sheets if necessary).

☐ No (go to Section IX)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed

X. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.

NAME & OFFICIAL TITLE (type or print)

AREA CODE AND PHONE NO.

Mr. ☒ Ms. ☐ *Joey Cupp - Environmental Manager*

865-474-2826

SIGNATURE

DATE SIGNED

9-5-08

OUTFALL NO:

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite		

Part B - List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's KPDES permit for its process wastewater (if the facility is operating under an existing KPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite		

[illegible]

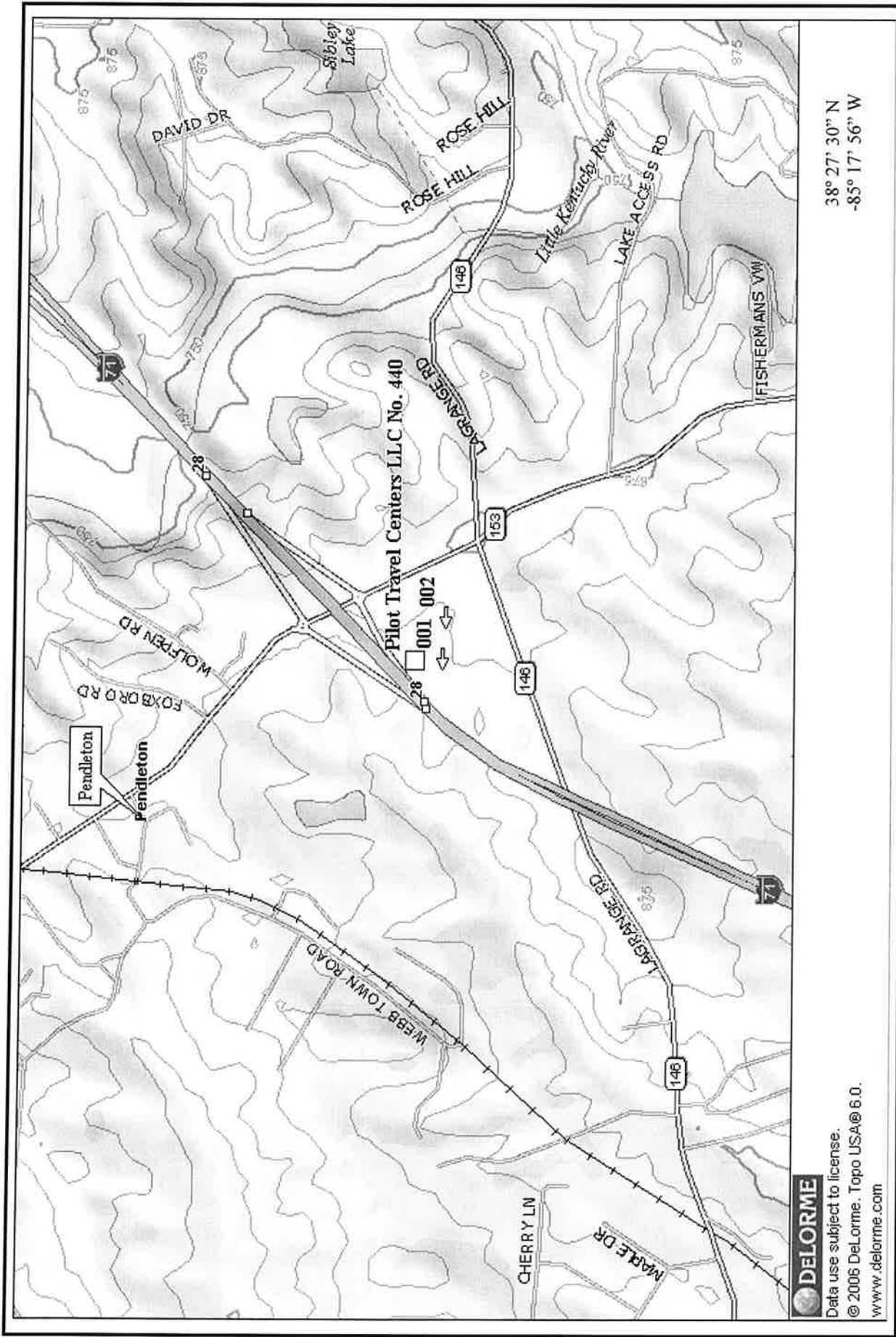
Part C - List each pollutant shown in Tables F-2, F-3, and F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

[illegible]

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow-weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gal/min or specify units)	6. Total flow from rain event (gallons or specify units)

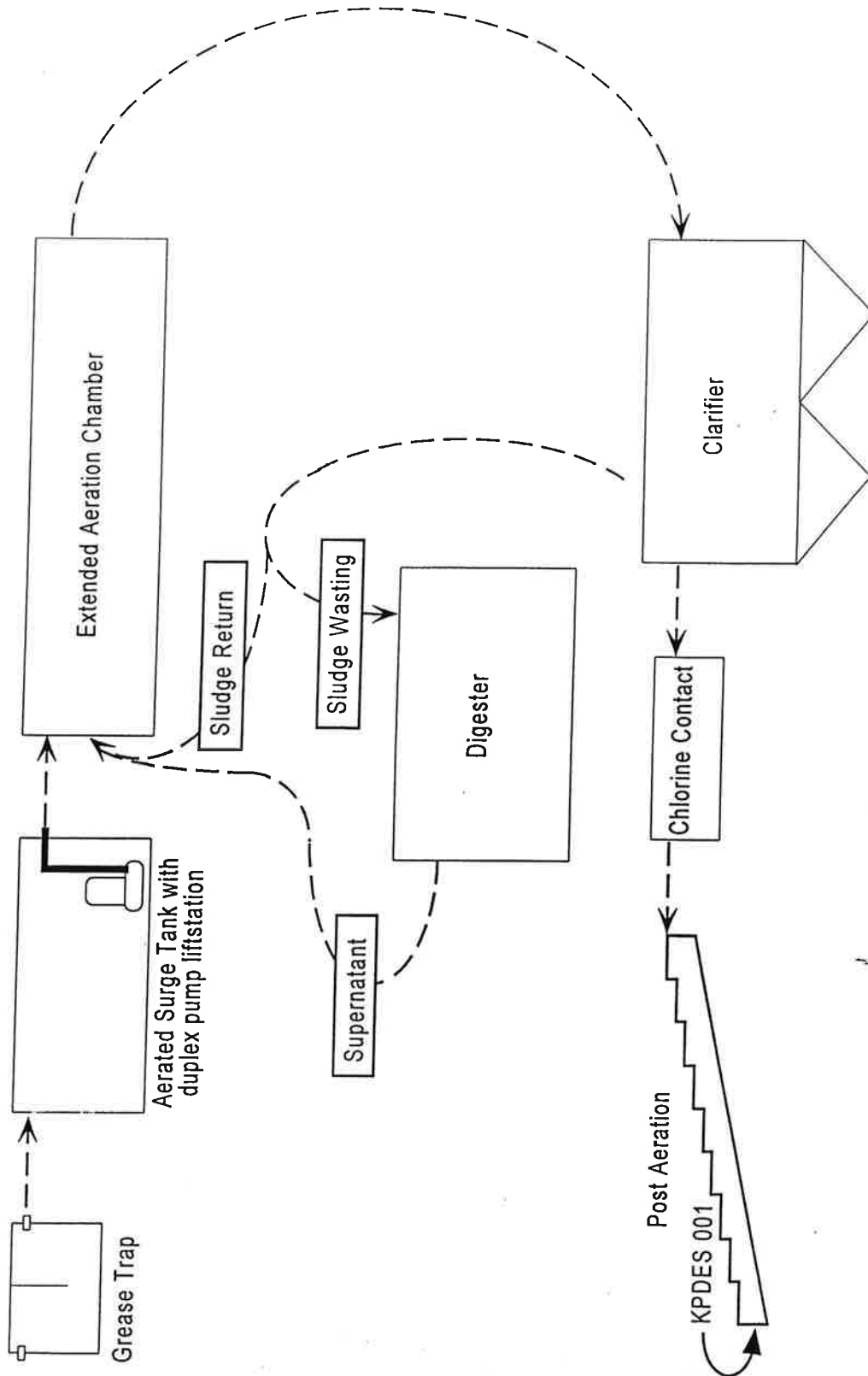
7. Provide a description of the method of flow measurement or estimate.



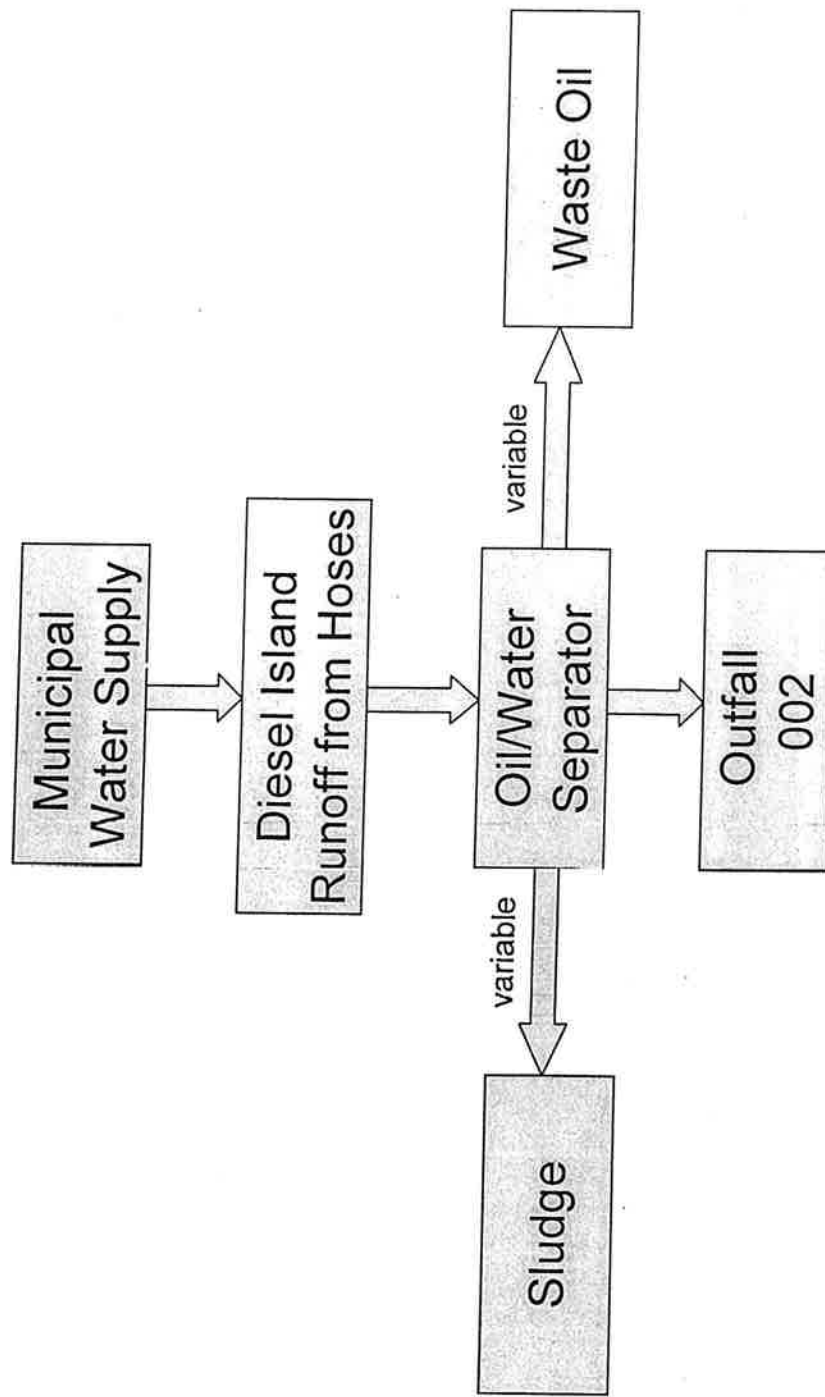
38° 27' 30" N
-85° 17' 56" W

Pilot Travel Centers LLC # 440
Pendleton, KY
NPDES Permit Application

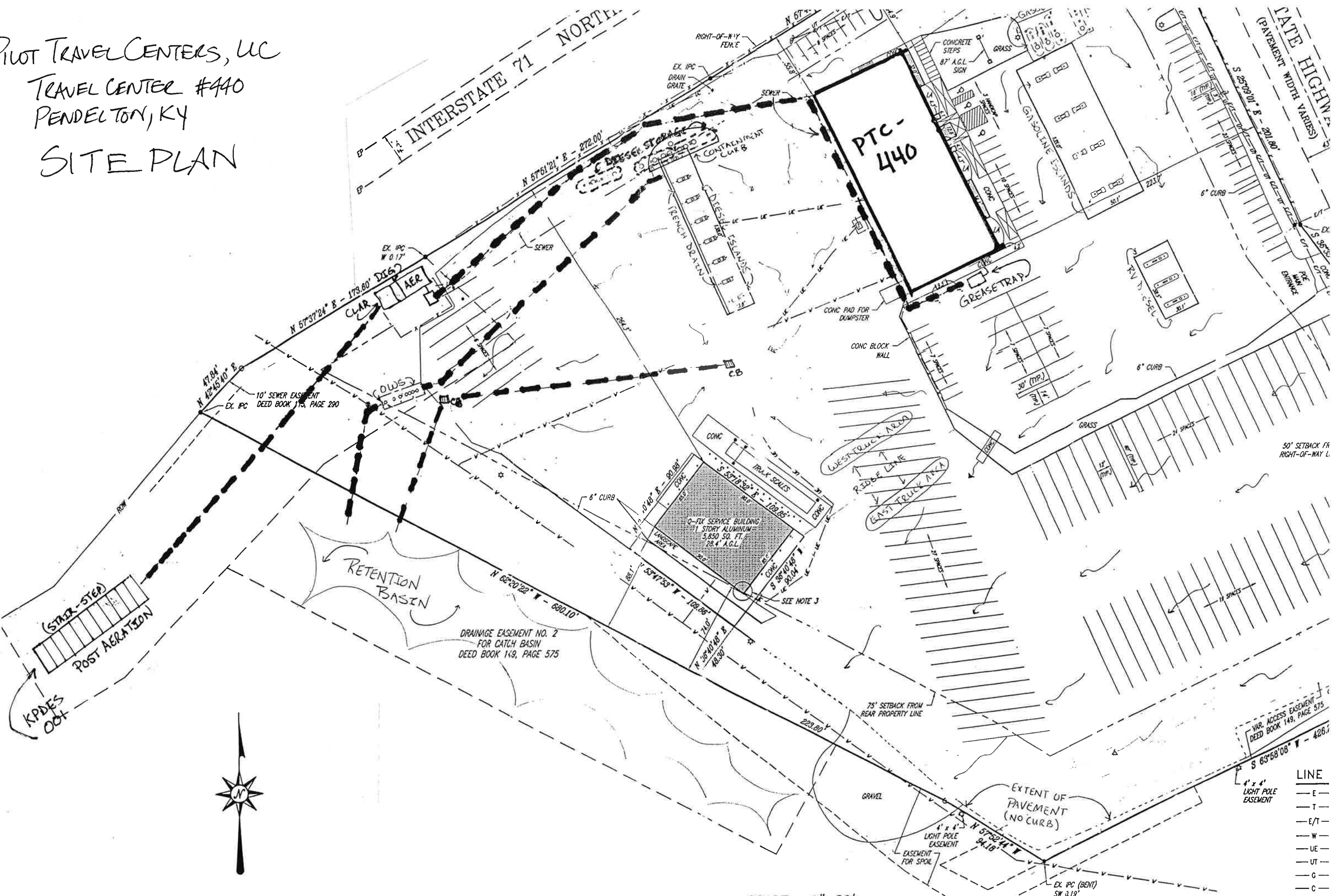
PILOT TRAVEL CENTER #440 WWTP FLOW DIAGRAM



PILOT TRAVEL CENTER # 440
OIL/WATER SEPARATOR FLOW DIAGRAM



Pivot Travel Centers, LLC
TRAVEL CENTER #440
PENDELTON, KY
SITE PLAN



LINE	
— E —	
— T —	
— E/T —	
— W —	
— UE —	
— UT —	
— G —	
— C —	